

Tennessee Department of Safety
1150 Foster Ave.
Fiscal Division – Cashier's Office
Nashville, Tennessee 37210



ACCOUNT CODE 280.00

One Time Registration Fee	\$50.00
Name Change Fee (if applicable)	\$25.00
Total # of Vehicles <input type="checkbox"/>	
@ \$8.00 Per Vehicle	\$
Total Amount Due	\$

UNIFORM APPLICATION FOR MOTOR CARRIER TOWING AND WRECKER SERVICES

Type of authority applying for in accordance with T.C.A. 65-15-107, 65-15-109 & 65-15-110 Tennessee Rules & Regulations

____ For-Hire Towing & Wrecker Service ____ Private Towing & Wrecker Service

USDOT# _____ FEIN/SSN _____

Company Name: _____ SSN# _____

DBA: Name: _____

****This must be a Tennessee address****

PHYSICAL ADDRESS: _____

City: _____ State: TN Zip Code: _____

Phone: _____ Fax: _____

MAILING ADDRESS: _____

City: _____ State: _____ Zip Code: _____

Carrier Type: () Individual () Partnership () Corporation () LLC

Owner's Name: _____

Officer's Name: _____

Proof of Public Liability Insurance (Check One Box Only) (Forms must be submitted by insurance company)

☐ GVWR at 26,000 lbs. and over Form E, & MCS-90 or an Accord Certificate Required, \$750,000 Minimum Limits

☐ GVWR under 26,000 lbs. Form E & MCS-90 or an Accord Certificate Required, \$300,000 Minimum Limits

Proof of Cargo Insurance (Forms must be submitted by insurance company)

For Hire Towing & Wrecker Services Accord Certificate Required, \$5,000 Minimum Limit

Private Towing & Wrecker Services do not have to provide proof of cargo insurance

Name of Insurance Co. _____ Name of Insurance Representative _____

Telephone # of Insurance Co. _____ Fax # of Ins. Co. _____

E-mail Address of Ins. Co. _____

Hazardous Materials (Includes Hazardous Waste (Check One Box Only)

☐ Applicant will not haul Hazardous Material in any quantity.

☐ Applicant will haul Hazardous Materials that require the following limits in accordance with Title 49 CFR 387:

(Check One Box Only if hauling Hazardous Materials)

☐ Public Liability and Property Damage Insurance of \$1 Million Dollars

☐ Public Liability and Property Damage Insurance of \$5 Million Dollars

Tennessee Process Agent (This must be a Tennessee resident and a letter from the actual agent -See attached sheet)

Name: _____

Address: _____ Phone: (____) _____

City: _____ State: TN Zip Code: _____

Penalty of Perjury Statement

Under penalty of perjury the undersigned declares that the information on this application is true and correct and that I am authorized to execute and file this application on behalf of the above applicant.

Signature: _____ Title: _____ Date: _____

Please return this completed application to: Tennessee Department of Safety, Fiscal Services Division - Cashier's Office, 1150 Foster Avenue, Nashville, TN 37210. Should you have any questions, please call this office at 615-687-2285 or Fax 615-253-2283.